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AIDS IN THE WORLD

HIL REVISITED

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It came to me in a flash. It is the kind of insight that wins Nobel Prizes. There was a new virus running parallel to the devastation of HIV. Like its counterpart, it was virtually universal, spreading rapidly, causing a great deal of havoc and pain, doing very little good. I refer to HIL. HIL, the virus of Highly Inefficient Laws. I revealed my discovery, to a conference in Paris. Later, even President Mitterand smiled. But this is no smiling matter. The virus of HIL has continued to spread.

HIL, like HIV, mutates. Different strains of HIL are seen in different parts of the world. So far, it has been detected in three major manifestations. These I have designated HIL 1, HIL 2 and HIL 3. They are all manifestations of the same virus. They attack the body politic.

HIL 1 is universal mandatory HIV testing. So far HIL 1 has only been found, for certain, in Cuba, although there were formerly strong appearances in Bulgaria and parts of the old Soviet Union. In most other parts of the world HIL 1 has been stamped out. HIL is such an inefficient strategy. In a few States of the United States pre-marital testing for HIV was mandated by legislation. In Illinois, which commenced such screening in 1988, only 23 of the 150,000 people tested

in the first 11 months were found to be HIV positive, (i.e. 1 in 6,500). The cost per person of this detection ranged from \$25 to \$125. Illinois officials estimated that the cost of finding each of the 23 infected people came to \$228,000. Meanwhile, the number of couples seeking marriage licences in the State decreased by 55%. If universal testing had been adopted in the United States, HIL 1 would have revealed about 1,300 HIV infections in persons who would not otherwise have been identified as HIV positive. It would have incurred an annual cost of \$100,000,000 across the United States. Little wonder that HIL 1 has been readily contained. Yet in the early days of the HIV epidemic HIL 1 looked very dangerous indeed. It may yet spring up in smallish and relatively isolated communities with authoritarian cultures sharing an exaggerated notion of the effectiveness of State control of public health crises.

HIL 2, on the other hand, continues to spread everywhere. This is the mandatory screening of particular, vulnerable groups who are not in a strong position to protest or resist. This is an extremely virulent strain of the virus HIL.

It is easy to screen immigrants, foreign residents, migrant workers, foreign students and refugees. But how effective is such screening? How often must it be repeated? Is it any more cost effective than the Illinois experiment? Does it not merely pander to the prejudices of society, whilst providing little efficient protection? Prostitutes and prisoners, together with drug-dependant persons and homosexuals are the targets of other compulsory systems of mass screening directed at so-called "high risk

groups". It is easy to mandate compulsory screening. The alternative strategies are likely to be much more effective but also much more controversial.

The third mutant, HIL 3, involves the requirement for the provision of a certificate of HIV-negativity at the international frontier. If one were really trying to make this strain of HIL effective, the first group to be targeted would surely be tourists. These swash-buckling merry-makers who circle the world in jumbo jets often leave behind them at home the inhibitions sexual and otherwise, which restrain the spread of HIV. Dump them in their millions on tropical beaches or in crowded Asian resorts and the risk of the unprotected spread of HIV increases. Yet the tourist is the darling of late twentieth century economies. No-one would target them with HIL 3. Instead it is returning nationals, immigrants and applicants for long-term residence who are required to produce certificates that they are HIV free. The worst fears of the spread of HIL 3 have not been realised. There is no new page in the WHO booklet for international travellers. WHO, at least, realizes the inefficiency of such certificates. The window period. The need for constant testing. The false negatives. The cost involved. The basic rights of HIV positive people to travel. HIL 3 is a very blunt instrument for containing the virus of HIV in a world which is constantly on the move.

Yet HIL 3 remains a mutant of the HIL virus which has to be closely watched. If accurate instant tests for the presence of HIV were invented, the risk will arise of tests at the international barrier. Who knows? The HIV counter may simply become another hurdle to be passed by the

international traveller. Get through customs, migration and security checks and only the HIV test is left: grimly awaiting. Once HIL 3 takes root in a few countries, the dangers of retaliation are plain. HIV will take a further toll on human rights.

So the last decade has seen our societies tested. Tested by HIV which has come upon us like a dark cloud out of nowhere: unexpected and threatening. But darker still can be the actions of humanity below the cloud. The history of epidemics, and of the legal responses to them has been one of cruelty and gross inefficiency. It behoves an informed world to target the HIV pandemic with keen attention to basic human rights. That is why, in our strategies concerned with HIV, we should remain vigilant to the dangers of HIL. Out of the melancholy predicament of HIV may even come a better appreciation of the utility and the limitations of the law when human behaviour and public health are the targets of the law's concern.